_		lication or Docket Number
PATENT APPLICATION	N FEE DETERMINATION RECORD	DCR-1001.45
Flier	IVC Cotto	MALL ENTITY OTHER THAN .
CLAIMS A	S FILED - PART I S (Column 1) (Column 2)	YPE OR SIMILE DATE FEE
	(Column 1)	RATE FEE
TOTAL CLAIMS		
FOR	NUMBERTIEES	X\$ 9= OR X\$18=
TOTAL CHARGEABLE CLAIMS	) minus 20= *	X40= OR X80=
INDEPENDENT CLAIMS	5 minus 3 =	op +270=
MULTIPLE DEPENDENT CLAIM	PRESENT	+135= OTA
in column (	is less than zero, enter "0" in column 2	TOTAL 345 OR TOTAL OTHER THAN
* If the difference in column	~ ARRENIDELL - PART "	SMALL ENTITY OR SMALL ENTITY
CLAIMS A (Column	(Octavia)	ADDI:
CLAIMS	NUMBER PRESENT	RATE TIONAL RATE TIONAL FEE
REMAINI AFTER	PAID FOR	V918=
AMENDM 19	Minus **	X\$ 9= X80=
9 lotal	Minus *** =	X40= OH
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(Colu	nn 1) (Column 2) (Column 3)	ADDI- DATE TIONAL
CLA	MS NUMBER PRESENT PREVIOUSLY EXTRA	RATE TIONAL FEE
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	and the second s	
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BE	LAIMS NUMBER PRESE MAINING PREVIOUSLY EXTR	NI DATE * TIONAL " TOTAL CEE
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	Minus *** =	7 740-
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FINOT	2 mm 2	TOTAL OR ADDIT FEE
If the entry in column	is less than the entry in column 2, write "0" in column 3. r Previously Paid For" IN THIS SPACE is less than 20, enter Previously Paid For" IN THIS SPACE is less than 3, enter Previously Paid For That Include pendent) is the highes	
** If the "Highest Number *** If the "Highest Number ***	Doid FOR IN 1019 Of 110	TO SOUNDER
The "Highest Numbe	Electronia .	Patient and trademant office U.S. DEPARTMENT OF COMMER
FORM PTO-875	A Comment of the Comm	公本では「神経の神経、神経神経、一年、中央の日本の一年、一年、中央の一年